

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/018489	FLING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER			
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
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TOTAL IND.	1	↓	↓	↓	↓	↓
TOTAL DEP.	25	↓	↓	↓	↓	↓
TOTAL CLAIMS	26	↓	↓	↓	↓	↓

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.		↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS